

16711 U.S. PTO
09/10/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	GIC-534 Reissue
	First Named Inventor	Chen
	Original Patent Number	6,289,129
	Original Patent Issue Date (Month/Day/Year)	09/11/2001
	Express Mail Label No.	EV 132074413 US

APPLICATION FOR REISSUE OF:
(Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input type="checkbox"/> Preliminary Amendment
7. <input type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: <u>Application Data Sheet</u> <u>Express Mail Certificate</u>
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number. <u>20028</u>	OR <input type="checkbox"/> Correspondence address below:
Name _____	
Address _____	
City _____	State _____ Zip Code _____
Country _____	Telephone _____ Fax _____

Name (Print/Type)	Douglas M. McAllister	Registration No. (Attorney/Agent)	37,886
Signature	<i>Douglas M. McAllister</i>	Date	9/10/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

16591 U.S. PTO
10/659682
09/10/03

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application of:)
Chen, et al.)
Application No.:)
Filed: Herewith)
For: **VIDEO RATE BUFFER FOR USE WITH PUSH DATAFLOW**

MAIL STOP REISSUE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" mailing label number: EV 132074413 US
Date of Deposit: September 10, 2003

I hereby certify that the attached:

- [x] Check in the amount of \$1,068.00 (Filing fee);
- [x] Return receipt postage prepaid postcard;
- [x] Reissue Patent Application Transmittal;
- [x] Reissue Application Fee Transmittal Form;
- [x] Specification and Claims in double column copy of patent format;
- [x] Drawings (2 sheets);
- [x] Reissue Application Declaration by the Inventor (3 pages);
- [x] Power of Attorney (2 forms signed by each assignee);
- [x] Written Consent of Assignee (2 forms signed by each assignee);
- [x] Statement under 37 CFR 3.73(b) (2 forms signed by each assignee);
- [x] Status of Claims and Support for Claim Changes;
- [x] Original U.S. Patent No. 6,289,129
- [x] Application Data Sheet;

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: **MAIL STOP REISSUE, Commissioner for Patents, P.O. BOX 1420, Alexandria, VA 22313-1450.**

Carol Prentice
(Typed or printed name of person mailing paper or fee)

Carol Prentice
(Signature of person mailing paper or fee)

Respectfully submitted,

Date: **September 10, 2003**
ATTORNEY DOCKET NO.: **GIC-534 Reissue**

Douglas M. McAllister
Douglas M. McAllister
Attorney for Applicant(s)
Registration No. 37,886
755 Main Street
Monroe, CT 06468
(203) 459-0200

16711 U.S. PTO
09/10/03

PTO/SB/56 (08-03)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) GIC-534 Reissue	
Claims as Filed - Part 1							
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate	Fee
Total Claims (37 CFR 1.16(i))	(A) 81	(B) 94	**** 13 =	x \$ ____ =		x \$ 18 =	234
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 5	* 1 =	x \$ ____ =		or x \$ 84 =	84
				Basic Fee (37 CFR 1.16(h))		\$ ____	\$ 750
				Total Filing Fee		\$ ____	OR \$ 1068.00
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Fee	Other than a Small Entity Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =
Independent Claims (37 CFR 1.16(j))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =
					Total Additional Fee		OR \$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 50-0625. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 1068 _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>Sept. 10, 2003</u> Date</p> <p>37,886 Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p><u><i>Douglas M. McAllister</i></u> Signature of Applicant, Attorney or Agent of Record</p> <p>Douglas M. McAllister Typed or printed name</p> </div> </div>							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.